

Application Data Sheet**Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?:: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: HOMOGENEOUS PREPARATIONS OF CHIMERIC
PROTEIN

Attorney Docket Number:: 006337.00021

Request for Early Publication?:: NO

Request for Non-Publication?:: NO

Suggested Drawing Figure::

Total Drawing Sheets::

Small Entity?:: YES

Latin name::

Variety denomination name::

Petition included?:: NO

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: NO

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Patrick
Middle Name:: W.
Family Name:: TROWN
Name Suffix::
City of Residence:: Danville
State or Province of Residence:: CA
Country of Residence:: USA
Street of mailing address:: 4057 Sugar Maple Drive
City of mailing address:: Danville
State or Province of mailing address:: CA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: CA 94506

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Michael
Middle Name:: I.
Family Name:: SHERMAN
Name Suffix::
City of Residence:: Glen Ridge
State or Province of Residence:: NJ
Country of Residence:: USA
Street of mailing address:: 314 Forest Avenue

City of mailing address:: Glen Ridge
State or Province of mailing address:: NJ
Country of mailing address:: USA
Postal or Zip Code of mailing address:: NJ 07028

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Kirk
Middle Name::
Family Name:: DORNBUSH
Name Suffix::
City of Residence:: Atlanta
State or Province of Residence:: GA
Country of Residence:: USA
Street of mailing address:: 1316 N. Decatur Road
City of mailing address:: Atlanta
State or Province of mailing address:: GA
Country of mailing address:: USA
Postal or Zip Code of mailing address:: GA 30306

Correspondence Information

Correspondence Customer Number:: 22907

Representative Information

Representative Customer Number:: 22907

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/US2004/035517	10 November 2004

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
USA	60/520,644	18 November 2003	YES

Assignees Information

Assignee name:: ICONIC THERAPEUTICS, INC.

Street of mailing address:: 127 Peachtree Street N.E., Suite 1551

City of mailing address:: Atlanta

State or Province of mailing address:: GA

Country of mailing address:: United States of America

Postal or Zip Code of mailing address:: GA 30303